

<b>Case Number:</b>	CM13-0036797		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Pain Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65 year old male who was injured on 01/24/2011 while performing regular repetitive duties at work. Prior treatment history has included Tramadol and Norco, physical therapy, an injection into his elbow. The patient underwent a left open carpal tunnel release on 07/11/2013; right carpal tunnel release on 03/14/2013, and a left carpal tunnel release on 07/11/2013. PR2 dated 09/11/2013 indicated the patient presents with complaints of residual pain and numbness and tingling about his right wrist/hand that he states is a level 3 on a 0 to 10 pain scale. The patient complains of residual pain with numbness about his left wrist that he states is a level 5 on the same pain scale. The patient's bilateral upper extremity pain symptoms have been exacerbated with gripping, grasping and squeezing activities. The patient is receiving therapy at this time for his left wrist. The patient is not working and he denies any new injuries. JAMAR grip dynamometer strength readings revealed 10/09/09 kg on the right and 08/09/09 kg on the left. There is tenderness noted about the palm of the left wrist/hand region. There is tenderness noted about the left carpal tunnel release scar. There is tenderness noted over the bilateral cubital tunnels about both elbows; Tinel's is positive at both elbows; Active range of motion of the left wrist revealed flexion 55 degrees; extension 55 degrees; ulnar deviation 25 degrees; radial deviation 15 degrees. The patient is diagnosed with 1) Right carpal tunnel syndrome, severe; 2) Left carpal tunnel syndrome; 3) Right lateral epicondylitis; 4) Left lateral epicondylitis; 5) Status post right carpal tunnel release; and 6) Status post left carpal tunnel release. The patient is instructed to continue medications as needed and continue home exercise program. An authorization for the patient to continue his physical therapy treatments is requested for his left wrist/hand at a frequency of two sessions per week for four weeks, to improve range of motion, decrease pain and improve overall functionality.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY 2 X 4 LEFT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-6.

**Decision rationale:** This is a request for post-operative physical therapy for L carpal tunnel release on 7/11/12. It is unclear how many therapy the patient has had post-operatively, but it appears to be in excess of guideline recommendations of 3-8 visits over 3-5 weeks and beyond the recommended treatment period of 3 months. Functional benefit and pain reduction attributable to physical therapy is not clearly documented. History and physical examination findings do not support additional therapy in excess of guideline recommendations. Medical necessity is not established. Physical therapy is noncertified.